

year survival estimates, but follow up limits comparison of actual survival. However, a recent study has suggested that 2 year follow up data correlates well with 5-year survival.

0486: "SATURATION PROSTATE BIOPSY IN PATIENTS WITH RAISED AGE-RELATED PSA AND NON-MALIGNANT PREVIOUS TRUS BIOPSIES"

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Aim: To review the demographic data of patients that underwent Saturation Prostate Biopsies over an 18 month period with emphasis on the indications, antibiotic cover, complications and histological outcome.

Method: Patients were traced by the Theatres Register and GALAXY system. Data were collected from case notes.

Results: 28 Saturation Biopsies were performed between July 2010 and December 2011. Median age was 67, 54% of patients had LUTS and 7% had family history of prostate cancer. 14% had abnormal DRE. Median value of 2 TRUS biopsies were taken prior to the Saturation Biopsy. All patients were given 160mg Gentamicin IV and a 3 day course of Ciprofloxacin orally. Only one case presented with Urosepsis requiring IV antibiotics. Saturation biopsy diagnosed malignancy in 36% of patients. 1 patient who had benign saturation biopsy subsequently underwent a Template biopsy that showed malignancy.

Conclusions: Saturation Biopsy is useful in diagnosing prostate cancer in about 36% of cases after 2 inconclusive TRUS Biopsies. The pick up rate of cancer is higher than a 3rd TRUS biopsy. The currently adopted antibiotic prophylaxis appears appropriate with 3.6% risk of urosepsis. When Saturation Biopsy is non malignant and PSA is still rising, template biopsy maybe considered.

0524: USE OF THE SWOP CALCULATOR TO REDUCE UNNECESSARY PROSTATE BIOPSIES IN MEN WITH ELEVATED PSA

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Background: The SWOP calculator is a nomogram derived from the European Randomised Study of Screening for Prostate Cancer which predicts the percentage probability of malignant prostate biopsy by using the variables of age, DRE finding, PSA, ultrasound appearance and prostate volume.

Aim: To investigate whether using a 10% or 15% risk threshold could avert unnecessary biopsies.

Method: Data from 207 eligible patients (median age 60) biopsied from 2004-2010 were entered retrospectively into the risk calculator. The clinical outcomes for patients with $\leq 15\%$ SWOP risk were investigated.

Results: Of the 42 patients with $\leq 15\%$ SWOP risk 13 patients (31%) had malignant histology at biopsy (9 Gleason 3+3, 4 Gleason 3+4), 7 received radical treatment (5 radical prostatectomies, 2 brachytherapy) and 5 entered active surveillance.

Of the 17 patients with a SWOP risk $\leq 10\%$ 4 (24%) had positive biopsies (Gleason 3+3); none required treatment, 3 entered active surveillance (one patient has no follow-up data).

Conclusions: These data show that were a 15% risk threshold applied, then significant prostate cancers requiring treatment would have been missed but a 10% risk-threshold may have avoided unnecessary biopsies.

The SWOP calculator may be useful for avoiding unnecessary biopsies in low-risk patients; this has significant implications for reducing biopsy and treatment morbidity and cost.

0551: TRANSPERINEAL TEMPLATE-GUIDED SATURATION BIOPSIES OF THE PROSTATE – EARLY EXPERIENCES IN A DISTRICT GENERAL HOSPITAL OF A NOVEL TECHNIQUE OF SATURATION BIOPSY

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Aims: Transrectal ultrasound-guided (TRUS) biopsy may miss 30% of significant prostate cancer, likely to be in the anterior zone. Transperineal template-guided saturation biopsies (TTB) is a NICE approved means of saturation-biopsy. We assessed detection rates with TTB.

Methods: A prospective, non-randomized, cohort study of TTBs between July 2010 and August 2011. All cases were peer-reviewed at MDT, and would seek radical treatment if positive.

The primary outcome was detection of malignancy.

Results: 22 TTBs were performed. 81.8% (n=18) had >1 negative TRUS, 9.1% (n=2) were on active surveillance, 4.5% (n=1) was post-radiotherapy PSA-relapse, and 4.5% (n=1) chose to have TTB as the primary biopsy method. 12 of the 22 cases (54.5%) had new-diagnosis carcinoma only detected at TTB. 7 were benign (31.8%).

Of the malignant histology (n=15) 13.3% were Gleason 6 (n=2), 73.3% were Gleason 7 (n=11), and 13.3% were Gleason 8 carcinomas (n=2).

Conclusion: TTB should be considered for men with rising PSAs and negative TRUS biopsy. We advocate TTB as the preferred technique for saturation biopsy for detection of significant prostate cancer in men who would benefit from further treatment.

0572: OUT-PATIENT FLEXIBLE CYSTOSCOPY CAUSES PSYCHOLOGICAL DISTRESS TO A SIGNIFICANT NUMBER OF PATIENTS BEING INVESTIGATED FOR BLADDER CANCER

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Introduction: Many patients undergoing outpatient flexible cystoscopy experience psychological distress. This may relate to the impending procedure and to the possibility of discovering cancer. We set out to investigate the prevalence of significant psychological distress in a cohort of patients undergoing flexible cystoscopy and to identify subsets of the population who may be at higher risk.

Methods: We recruited 173 patients undergoing out-patient flexible cystoscopy who completed questionnaires containing the Hospital Anxiety and Depression Score-A (HADS) and HADS-D to assess anxiety and depression respectively. A score of 11/21 on either scale was regarded as clinically significant.

Results: The overall prevalence of anxiety was 15%, which was higher in females (p=0.025), in the young (p=0.001) and in unmarried individuals (p=0.02). The prevalence of depression was 3.5%, which was higher in the young (0.001) and in unmarried individuals (p=0.02).

Conclusion: The prevalence of clinically significant anxiety and depression in this cohort is notable; in particular amongst women, younger and unmarried patients. Accelerating the diagnostic pathway, improving patient information and offering counselling to those affected may help to reduce distress. Resources could be targeted at the higher risk groups identified here. The HADS questionnaires are a useful first-line screening tool for psychological distress.

0605: SMALL SIZE NEPHROSTOMY TUBE USE POST PCNL

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Objective: To assess safety and outcomes of a small size 8F/8.5F nephrostomy tube use following Percutaneous Nephrolithotomy.

Materials and methods: Retrospective data collection from 15 PCNL cases performed in Bedford Hospital NHS Trust over a period of 10 months. Stone clearance, hospital stay, complication rate, hemoglobin drop, analgesia and transfusion requirements were reviewed. Data was compared to recently published outcomes for tubeless PCNL and large bore nephrostomy use.

Results: Median hemoglobin drop was 1.3 g/dL and length of stay was 72 hours. Those were comparable to previously reported results for tubeless PCNL and large bore nephrostomy tube use. Complication rate was low at 13% with only one patient requiring admission and treatment for urinary sepsis and one patient requiring repeat procedure due to pain related to residual stone. Stone clearance on day 1 was 60%. Average analgesia requirement was 1050mg of tramadol which was significantly higher than in previously reported studies and was likely related to our prescribing protocol.

Conclusions: Small size nephrostomy PCNL is a safe procedure with acceptable Hb drop and length of stay. Decreased analgesia requirements proven previously were not reproduced in our group of patients.

0622: UROLOGY CANCER PATIENTS' VIEWS ON MULTIDISCIPLINARY TEAM (MDT) WORKING. A PILOT STUDY

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